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When one child at a birth, a SEPARATE RETURN must be made for each, and number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

## PLACE OF BIRTH

County of Esila  
 District of Globe  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of 2 mi South

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index No. 91

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 226

Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Rudolph Renato Socco St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 Born } YES  
 Alive } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 20</u> 191 <u>2</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Antonio Socco</u>			Full Maiden Name <u>Antonette Bruno</u>		
Residence <u>2 mi South of Globe</u>			Residence <u>Same</u>		
Color or Race <u>White</u> Age at last Birthday <u>40</u> (Years)			Color or Race <u>White</u> Age at last Birthday <u>28</u> (Years)		
Birthplace <u>Italy</u>			Birthplace <u>Italy</u>		
Occupation <u>Farmer</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>3</u>		Number of children, of this mother, now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? _____	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on July 20 1912 at 6 P. M.  
 \*When there is no attending physician or midwife, then the householder should make this return.

(Signature)

(Attending physician, midwife, householder.)

Given or christian name added from a

Address Globe Arizsupplemental report \_\_\_\_\_ 1912Filed Nov 25 1912Filed Dec 5 1912

A True Copy

LOCAL REGISTRAR

COUNTY REGISTRAR

936-720-126

COUNTY REGISTRAR